



## Sam Carey Memorial Basketball Registration

Childs Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Postal Code


School: \_\_\_\_\_ Grade Entering (Circle): 3 4 5 6 7 8

### Emergency Information

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Information (include allergies, medication, and medical conditions) \_\_\_\_\_

☐ I give permission to the City of Manchester staff to photo or video graph me for use in city promotional material and our Facebook page. 

The City of Manchester agrees to make all reasonable efforts within its power to provide a safe environment for the participants of the Sam Carey Memorial Basketball League, the undersigned acknowledge that there remains some risk of personal injury playing basketball, and therefore, the undersigned agrees to indemnify and hold harmless the City of Manchester, its agents, employees, and volunteers, from any and all liability, including claims by any person, along with demands, judgments, settlements, and costs, arising out of my participation in the Sam Carey Memorial Basketball League.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_